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APPLICANTS

Dean Leighton Taylor Hallows, Wokingham, UNITED KINGDOM;

** CONTINUING DATA *****
 This appln claims benefit of 60/401,504 08/07/2002
ok ced

** FOREIGN APPLICATIONS *****
none ced

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>C. Spina</i> Examiner's Signature	<i>ced</i> Initials			

ADDRESS
 Dale R. Lovercheck, Esquire
 DENTSPLY INTERNATIONAL INC.
 570 West College Avenue
 York, PA
 17405

TITLE
 Dental instrument

FILING FEE RECEIVED 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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